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Attorney Docket No. 111190.121-US1

PATENTS**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of

Leo M. ROZMARYN

Serial No. 10/717,912

Filed: November 21, 2003

For: **SYSTEM AND METHOD FOR MEASURING THE MOTOR STRENGTH
OF HUMAN THUMB OR FINGER**:
:
:
:
:

Confirmation No.: 7375

Group Art Unit: 2855

Examiner: Jewel Vergie Thompson

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FEB 28 2005

PETITION FOR EXTENSION OF TIMEHonorable Commissioner for Patents
Alexandria, VA 22313-1450

Sir:

Applicant petitions the Commissioner for Patents to extend the time for response to the Office Action dated September 30, 2004 for two months, from December 30, 2004 to February 28, 2005.

Please charge the fee of \$225.00 for a small entity to cover the cost of the extension to Deposit Account No. 08-0219. Any deficiency or overpayment should be charged or credited to Deposit Account No. 08-0219.

Respectfully submitted,

Wilmer Cutler Pickering Hale and Dorr LLP

Irah H. Donner

Registration No. 35,120

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New York, NY 10022

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Date: 2/28/05

USDOC 4983885v1

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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10717912

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	26	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	26 minus 20 =	6
INDEPENDENT CLAIMS	7 minus 3 =	4
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	228-05	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	26	Minus	26 =
Independent	7	Minus	7 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3
- * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
XS 9=	54
X43=	172
+145=	
TOTAL	611

RATE	FEE
BASIC FEE	770.00
XS18=	
X86=	
+290=	
TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	

RATE	ADDI-TIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	

RATE	ADDI-TIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	

RATE	ADDI-TIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	

RATE	ADDI-TIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	

RATE	ADDI-TIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	

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